2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P03000014466 03-15-2006 90118 017 ***150.00 MCCOWAN ENTERPRISES, INC. Principal Place of Business Mailing Address ----3088 GULF BREEZE PKWY 3088 GULF BREEZE PKWY GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 2. Principal Place of Business 3. Mailing Address 3094 GUIFE 3094 GUIFBreeze PKWY 03062006 Chg-P CR2E034 (11/05) City & State GUIF Breeze, FL City & State 4. FEI Number Applied For 01-0765204 Not Applicable Country Santa Rosa \$8.75 Additional 5. Certificate of Status Desired Santa Rosa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCOWAN, LINDA 3814 TIGER POINT BLVD. Street Address (P.O. Box Number is Not Acceptable) GULF BREEZE, FL 32563 Zip Code 8. The above named entity submits this statement tog the purpose of phanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition MCCOWAN, LINDA NAME NAME 3814 TIGER POINT BLVD STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MCCOWAN, ROBERT NAME STREET ADDRESS 3814 TIGER POINT BLVD. STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TETLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all pine, like empowered.

FILED